

FORM
5A

Rev
06/12

State of Colorado

Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80203 Phone: (303) 894-2100 Fax: (303) 894-2109



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Date Received:

08/22/2012

COMPLETED INTERVAL REPORT

The completed interval Report, Form 5A, shall be submitted within thirty (30) days of completing a formation (successful or not), when a formation is temporarily abandoned or permanently abandoned, for a recompletion, reperforation or restimulation, or when a formation is commingled. Fill out a section for each formation. Attach as many pages as required to fully describe the work. List in order of completion.

1. OGCC Operator Number: 96850
2. Name of Operator: WPX ENERGY ROCKY MOUNTAIN LLC
3. Address: 1001 17TH STREET - SUITE #1200
City: DENVER State: CO Zip: 80202
4. Contact Name: ANNIE SMITH
Phone: (303) 606-4363
Fax: (303) 629-8285

5. API Number 05-045-17810-00
6. County: GARFIELD
7. Well Name: CHEVRON
Well Number: TR 513-28-597
8. Location: QtrQtr: SESW Section: 28 Township: 5S Range: 97W Meridian: 6
9. Field Name: Field Code:

Completed Interval

FORMATION: COZZETTE Status: PRODUCING Treatment Type:
Treatment Date: 08/12/2009 End Date: Date of First Production this formation: 08/12/2009
Perforations Top: 8755 Bottom: 8942 No. Holes: 36 Hole size: 36/100

Provide a brief summary of the formation treatment:

Open Hole: ☐

1,504 GAL 10% HCl ACID, 178,400 # 100 MESH AND 30/50 SAND, 9,839 BBLS SLICKWATER.

This formation is commingled with another formation: ☒ Yes ☐ No

Total fluid used in treatment (bbl):

Max pressure during treatment (psi):

Total gas used in treatment (mcf):

Fluid density at initial fracture (lbs/gal):

Type of gas used in treatment:

Max frac gradient (psi/ft):

Total acid used in treatment (bbl):

Number of staged intervals:

Recycled water used in treatment (bbl):

Flowback volume recovered (bbl):

Fresh water used in treatment (bbl):

Disposition method for flowback:

Total proppant used (lbs):

Rule 805 green completion techniques were utilized: ☐

Reason why green completion not utilized:

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: Hours: Bbl oil: Mcf Gas: Bbl H2O:
Calculated 24 hour rate: Bbl oil: Mcf Gas: Bbl H2O: GOR:
Test Method: Casing PSI: Tubing PSI: Choke Size:
Gas Disposition: Gas Type: Btu Gas: API Gravity Oil:
Tubing Size: Tubing Setting Depth: Tbg setting date: Packer Depth:

Reason for Non-Production:

Date formation Abandoned: Squeeze: ☐ Yes ☐ No If yes, number of sacks cmt

** Bridge Plug Depth: ** Sacks cement on top: ** Wireline and Cement Job Summary must be attached.

FORMATION: <u>CORCORAN</u>		Status: <u>PRODUCING</u>		Treatment Type: _____	
Treatment Date: <u>07/31/2009</u>		End Date: _____		Date of First Production this formation: <u>07/31/2009</u>	
Perforations	Top: <u>8967</u>	Bottom: <u>9143</u>	No. Holes: <u>36</u>	Hole size: <u>36/100</u>	

Provide a brief summary of the formation treatment: _____ Open Hole: ☐

1,504 GAL 10% HCl ACID, 129,000 # 100 MESH AND 30/50 SAND, 4,350 BBLS SLICKWATER.

This formation is commingled with another formation: ☒ Yes ☐ No

Total fluid used in treatment (bbl): _____	Max pressure during treatment (psi): _____
Total gas used in treatment (mcf): _____	Fluid density at initial fracture (lbs/gal): _____
Type of gas used in treatment: _____	Max frac gradient (psi/ft): _____
Total acid used in treatment (bbl): _____	Number of staged intervals: _____
Recycled water used in treatment (bbl): _____	Flowback volume recovered (bbl): _____
Fresh water used in treatment (bbl): _____	Disposition method for flowback: _____
Total proppant used (lbs): _____	Rule 805 green completion techniques were utilized: <input type="checkbox"/>

Reason why green completion not utilized: _____

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: _____	Hours: <u>24</u>	Bbl oil: _____	Mcf Gas: _____	Bbl H2O: _____
Calculated 24 hour rate: _____	Bbl oil: _____	Mcf Gas: _____	Bbl H2O: _____	GOR: _____
Test Method: _____	Casing PSI: _____	Tubing PSI: _____	Choke Size: _____	
Gas Disposition: <u>SOLD</u>	Gas Type: <u>DRY</u>	Btu Gas: _____	API Gravity Oil: _____	
Tubing Size: _____	Tubing Setting Depth: _____	Tbg setting date: _____	Packer Depth: _____	

Reason for Non-Production:

Date formation Abandoned: _____ Squeeze: ☐ Yes ☐ No If yes, number of sacks cmt _____

** Bridge Plug Depth: _____ ** Sacks cement on top: _____ ** Wireline and Cement Job Summary must be attached.

FORMATION: ILES Status: PRODUCING Treatment Type: _____
Treatment Date: 07/31/2009 End Date: _____ Date of First Production this formation: 07/31/2009
Perforations Top: 8755 Bottom: 9143 No. Holes: 72 Hole size: 36/100
Provide a brief summary of the formation treatment: _____ Open Hole: ☐

3,007 GAL 10% HCL ACID, 308,300 # 100 MESH AND 30/50 SAND, 9,829 BBLS SLICKWATER

This formation is commingled with another formation: ☐ Yes ☒ No

Total fluid used in treatment (bbl): _____

Max pressure during treatment (psi): _____

Total gas used in treatment (mcf): _____

Fluid density at initial fracture (lbs/gal): _____

Type of gas used in treatment: _____

Max frac gradient (psi/ft): _____

Total acid used in treatment (bbl): _____

Number of staged intervals: _____

Recycled water used in treatment (bbl): _____

Flowback volume recovered (bbl): _____

Fresh water used in treatment (bbl): _____

Disposition method for flowback: _____

Total proppant used (lbs): _____

Rule 805 green completion techniques were utilized: ☐

Reason why green completion not utilized: _____

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: 08/31/2009 Hours: 24 Bbl oil: _____ Mcf Gas: 705 Bbl H2O: _____

Calculated 24 hour rate: Bbl oil: _____ Mcf Gas: _____ Bbl H2O: _____ GOR: _____

Test Method: FLOWING Casing PSI: 1100 Tubing PSI: 850 Choke Size: 16/64

Gas Disposition: _____ Gas Type: DRY Btu Gas: 1 API Gravity Oil: _____

Tubing Size: 2 + 3/8 Tubing Setting Depth: 9121 Tbg setting date: 08/27/2009 Packer Depth: _____

Reason for Non-Production: _____

Date formation Abandoned: _____ Squeeze: ☐ Yes ☐ No If yes, number of sacks cmt _____

** Bridge Plug Depth: _____ ** Sacks cement on top: _____ ** Wireline and Cement Job Summary must be attached.

Comment:

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.

Signed: _____ Print Name: ANNIE SMITH

Title: ENGINEER TECH Date: 9/25/2009 Email ANNIE_SMITH@WILLIAMS.COM

Attachment Check List

Att Doc Num	Name
2170954	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)